Janani Suraksha Yojana

†2051. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has decided to bring Janani Suraksha Yojana after modifying the National Maternity Scheme, 1995;

(b) what benefits will be available to poor women who have given birth to the child under this scheme;

(c) whether Government has put this argument before the Supreme Court that many ladies die during the pregnancy period due to poverty in the country;

(d) whether the economic assistance of Rs. 500 will be useful as a life savour; and

(e) if so, the details in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Yes, Sir. The Janani Suraksha Yojana has been operationalished from 12th April 2005.

(b) Janani Suraksha Yojana envisages cash incentive of Rs. 1400/- (in rural areas) and Rs. 1000/- (in urban areas) for women delivering in Government Health Centres in Low Performing States (LPS). In High Performing States (HPS) the beneficiary is entitled to Rs. 700/- and Rs. 600/- respectively in rural and urban areas.

Further the ASHA is entitled to incentive of Rs. 600 and Rs. 200 for urban and rural areas respectively in all LPS, NE States and in the tribal districts of all States and UTs. ASHA package include cash assistance for Referral transport for pregnant women to go to the nearest health centre for delivery.

JSY also subsidizes the cost of Caesarean Section or for the management of Obstetric complications, upto to Rs. 1500/- per delivery to the Government institution, where Government specialists are not in position.

The Below Poverty Line (BPL) pregnant women, aged 19 years and above, preferring to deliver at home are entitled to cash assistance of Rs. 500/- per delivery, upto two live births.

(c) No, Sir.

(d) and (e) JSY is a critical initiative which aims at reducing Maternal mortality and morbidity associated with deliveries conducted outside health institutions. The scheme seeks to encourage early registration of pregnancy, micro planning of pregnancy including complete Antenatal Care (ANC), prior identification of place of delivery, mode of transport, referral linkages and engagement of escort etc.

The financial assistance under the scheme ameliorates the anxiety associated with travel to the health institution and provides much needed support after the event of delivery.

Anaemia during pregnancy

†2052. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† Original notice of the question was received in Hindi.

(a) whether it is a fact that according to a report of UNICEF, 83 per cent of pregnant women in the country suffer from anaemia;

(b) whether it is also a fact that its adverse effect would have impact on future generation and they will have to face many problems during the youth; and

(c) the details of the measures taken by Government to solve this problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) According to National Family Health Survey (NFHS-III). 2005-06,57.8% of pregnant women in the age group 15—49 years are anaemic.

(b) Anaemia during pregnancy can lead to low weight babies. Poor nutritional status at birth adversely affects the health of the person throughout life.

(c) Government has initiated several measures to improve the health and nutritional status including anaemia amongst the people. The various measures are given in the Statement

Statement

Measures to improve the nutritional status including Anaemia

Government has initiated various measures to improve the nutritional status including anemia in the population. The measures are:

1. The Government of India has launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care. Under thisMission, the Reproductive and Child Health Programme (RCH-II) for Anemia Control, provides iron and folic acid tablets to all pregnant and lactating women and preschool children. Now it has been decided that children 6 months to 5 years would be given 20 mgs iron and 100 meg folic acid supplement, Children 6—10 years would beprovided with 30 mg iron and 250 mg folic acid while adolescents in the age group11—18 years would receive the same dose as adults.

   The other important interventions under NRHM include Janani Suraksha Yojana wherein cash incentives are provided for delivering a child at the health institutions. A village link worker (ASHA) who will orient the community on the importance of Nutrition and shall be provider of IFA tablets besides orienting the community on other health related issues.

2. Supplementary feeding through programmes like Integrated Child Development Services scheme. Children in age group 0-6 years receive supplementary nutrition, immunization, preschool education etc. Supplementary food to pregnant women/ nursing mothers to the extent of 500 Calories and 20-25 gram protein per day is alsoprovided along with nutrition and health eduection.

   Supplementary food is also provided through National Programme of Nutritional Support to Primary Education (Mid-day Meal programme) to school going children.

3. A National Nutrition Policy was adopted in 1993 and the National Plan Action on nutrition is being implemented through various departments of Government of India now a National Nutrition Mission has been set up to deal with all nutritional problems through a Mission mode approach.

4. Other measures initiated by the Government to improve the Nutritional States of the people are:—

— Improving agricultural and horticulture produce

— Improving the purchasing power of the people through income generating schemes

— Availability of essential food items at subsidized cost through Targeted Public Distribution system and Public Distribution system.

— Nutrition Education to increase the awareness and bring about desired changes in the dietary practices including the promotion of breast feeding and dietary diversification.

5. Programmes for prevention of Specific Micronutrient Deficiency disorders other than iron deficiency:—

(i) Prophylaxis Programme to prevent Nutritional Blindness due to Vitamin A deficiency. This is also under the RCH programme.

(ii) National Iodine Deficiency disease Control Programme (NIDDCP)

(iii) Pilot Programme for control of Micronutrient Deficiencies

Industry status to medical services

†2053. DR. MURLI MANOHAR JOSHI:
SHRI RAM JETHMANALI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether approval to foreign capital investment for developing health and medical field in the country as a lucrative industry, instead of letting it remain a social service sector is being considered;

(b) if so, whether Government has decided to give industry status to this sector; and

(c) if so, the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) As per extant policy, Foreign Direct Investment (FDI) up to 100% on the automatic route is allowed in the Health Sector. As present there is no proposal to give industry status to the health sector in the country.

Community Health Insurance Scheme

2054. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has received a request from the Andhra Pradesh Government for funding of State Government's Community Health Insurance Scheme which is proposed to be launched on pilot basis in three most backward districts of the State, *Viz.* Anantpur, Mahboobnagar and Srikakulam with public-private partnership under the National Rural Health Mission Programme;

† Original notice of the question was received in Hindi.